MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039378
STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 141

FILED OCT 22 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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20920, DATE AMENDED
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Troy
Length of stay in 1b: 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Lincoln County Memorial Hospital
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Charles
c. CITY OR TOWN: O'Fallon — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): RR #2 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First ANTHONY Middle GEORGE Last SCHIPPER
4. DATE OF DEATH: Month October Day 17 Year 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2/6/1889
9. AGE (last birthday): 73
IF UNDER 1 YEAR: Months 8 Days 11 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Josephville, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Clem Schipper
13b. MOTHER'S MAIDEN NAME: Mary Schwegman
14. NAME OF HUSBAND OR WIFE: Cecelia Orf
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
17. INFORMANT: C ecelia Schipper Address: RR #2 O'Fallon, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): MEDULLARY FAILURE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): CARCINOMA TOES — INTERVAL BETWEEN ONSET AND DEATH: 5 Mos.
DUE TO (c): PRIMARY SITE (PROSTATE)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10-16-62, to 10-17-62 and last saw him alive on 10-17-62
Death occurred at 3:00 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R.R. Lockwood M.D.
22b. ADDRESS: Troy Mo.
22c. DATE SIGNED: 10-22

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/20/1962
23c. NAME OF CEMETERY OR CREMATORY: St. Joseph's Cemetery
23d. LOCATION (City, town, or county) (State): Josephville, Missouri

24. FUNERAL DIRECTOR: T.E. Pitman Funeral Home
ADDRESS: 909 Pitman Wentzville, Missouri
25. DATE RECD. BY LOCAL REG.: 10-18-1962
26. REGISTRAR'S SIGNATURE: Charlotte Leek

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Howard O Kessler

Licensed Embalmer No. 4631

P. O. Address Wentzville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.